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[p]	preliminary
[r]	revised
x	suppressed to meet the confidentiality requirements of the *Statistics Act*
[E]	use with caution
F	too unreliable to be published
*	significantly different from reference category ($p < 0.05$)

Seniors' use of and unmet needs for home care, 2009

by Melanie Hoover and Michelle Rotermann

Released online December 19, 2012

Abstract

Based on data from the 2009 Canadian Community Health Survey—Healthy Aging, this article provides current information about home care use and unmet home care needs of community-dwelling seniors aged 65 or older. Home care is assistance received at home for a health-related reason in the 12 months before the interview. It includes formal care provided by paid workers or volunteer organizations and informal care provided by family, friends and/or neighbours. In 2009, 25% of seniors received home care services. The percentage receiving home care increased with age and ill health. As well, seniors who lived alone were more likely to have received home care than were those who lived with others. Housework and transportation were the most common types of care reported. Family, friends and neighbours provided the majority of care across all care types. Nearly 180,000 seniors (4%) reported having unmet needs for professional home care.

Keywords

Activities of daily living, aged, caregiving, elderly, geriatrics, independent living, social support

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Population aging, increasing prevalence of chronic diseases, and changes to health care delivery contribute to the need for home care.[1-3] Home care services for seniors can alleviate demands for hospitalization,[4,5] and can reduce readmissions[5] and the likelihood of institutionalization.[6] Home care can also be more cost-efficient than residential care.[5,7,8]

This study uses data from the 2009 Canadian Community Health Survey–Healthy Aging (CCHS–HA) to provide a profile of community-dwelling seniors receiving home care and describe the types of care they receive from formal and informal sources. Seniors' unmet needs for professional home care are also examined.

One in four

In 2009, 25% of people aged 65 or older (just over 1 million) reported that they had received formal and/or informal home care in the past 12 months (Table 1). However, it is likely that the prevalence of the use of home care is actually greater. Some informal care, from a spouse, for instance, may not have been reported, since it may be perceived as part of usual support provided to family members.

A larger percentage of senior women than men reported having received home care (30% versus 18%). For both sexes, the percentages reporting home care rose with age from 12% of men and 18% of women aged 65 to 74, to 44% of men and 59% of women aged 85 or older.

Seniors living alone were more likely than those living with others to have received home care. As well, a higher percentage of seniors who reported some form of social assistance as their main income source reported receiving home care, compared with those who reported another main source of income. These results are consistent with earlier findings showing that living alone[9,10] and lower income are associated with higher rates of home care use.[10,11]

As expected, seniors with limited functioning were more likely than those in better health to receive home care. For example, half of severely disabled seniors reported receiving home care, compared with 12% of those who had no or mild disability. A relatively high percentage of individuals with physical limitations received assistance with personal care activities such as bathing or toileting, compared with people who did not have these limitations.

The data

The CCHS–HA, conducted from December 2008 through November 2009, covered the household population aged 45 or older in the ten provinces. Full-time members of the Canadian Forces and residents of Indian reserves and some remote areas were excluded. The response rate was 74.4%.

The sample for this analysis numbered 16,369 respondents aged 65 or older, weighted to represent a population of approximately 4.4 million in 2009. Weighted frequencies and cross-tabulations were used to estimate the percentages of people who had received home care and/or had unmet needs for professional care. Covariates were selected based on the literature and/or data availability. To account for survey design effects, standard errors and coefficients of variation were estimated using the bootstrap technique.[12,13] Results at the $p < 0.05$ were considered to be statistically significant. Details about the survey design and sampling techniques have been published elsewhere.[14]

Receipt of home care was derived from questions on formal and informal care. For *formal care*, respondents were asked, "During the past 12 months, did you receive short-term or long-term professional assistance at home, because of a health condition or limitation that affects your daily life, for any of the following activities?" (Professional assistance referred to both paid and unpaid workers.)

- Personal care such as assistance with eating, dressing, bathing, or toileting
- Medical care such as help taking medicine or help with nursing care (for example, dressing changes or foot care)
- Managing care such as making appointments
- Help with activities such as housework, home maintenance or outdoor work
- Transportation, including trips to the doctor or for shopping
- Meal preparation or delivery
- Other
- None

Respondents could select all that applied. For *informal care*, the question was repeated, but referred to "family, friends, or neighbours" instead of professionals. *Home care recipients* were those who reported having received at least one type of home care from formal and/or informal sources.

Unmet professional home care needs were identified by asking respondents, "During the past 12 months, was there ever a time when you felt that you needed professional home care services but you didn't receive them?" The same list of activities as the formal/informal home care questions was read to respondents. Respondents could give up to 15 reasons why they believed they had unmet homecare needs. These reasons were collapsed into three categories: health care system features (including availability and wait times), personal barriers (including inability to pay, ineligibility and lack of awareness), and both.

Socio-demographic variables included in the analysis were: *sex*, *age*, *province of residence*, *social assistance*, and *living arrangements*. Respondents were divided into three age groups: 65 to 74, 75 to 84, and 85 or older. Respondents were considered to be lower income if they cited Old Age Security, Guaranteed Income Supplement, or provincial/municipal social assistance or welfare as their main income source. For living arrangements, respondents were classified as living alone or with others.

Perceived tangible support was measured with four questions: "How often is each of the following kinds of support available to you if you need it: Someone to:

- help you if you were confined to bed?"
- take you to the doctor if you needed it?"
- prepare your meals if you were unable to do it yourself?"
- help with daily chores if you were sick?"

Respondents who reported "none of the time" or "a little of the time" to one or more of these questions were considered to be lacking tangible support.

The Health Utility Index (HUI) was used to define *disability level*. HUI considers eight dimensions of health: vision, hearing, speech, emotion, mobility, dexterity, cognition, and pain and discomfort. Each dimension has five or six levels, ranging from normal to severely limited functioning. HUI values range from -0.36 (the worst possible health state) to 1.0 (optimal health state), and were recoded to represent three disability levels: no or mild disability (0.89 to 1.00), moderate disability (0.70 to 0.88), and severe disability (less than 0.70).[15]

Respondents were considered to have a *severe personal care limitation* if they were "totally unable" to eat, dress, or bathe/take care of their appearance. Those who needed "some help" were considered to have *some personal care limitation*.

Respondents reporting that they were completely unable to walk were considered to have a *severe mobility limitation*; those who could walk with some help from a person and/or with mobility aids were considered to have *some mobility limitation*.

The CCHS–HA did not collect information about the frequency, intensity or duration of home care, and it is not possible to distinguish between government-funded and privately funded home care. Data on unmet home care needs reflect respondents' perceptions; no external validation was performed. Home care data from the CCHS–HA are not directly comparable to estimates based on CCHS 2.1 or 3.1 or the General Social Survey data, because of differences in question wording and/or ordering. It is thought that the CCHS–HA estimates are higher because the other surveys ask respondents if they had received home care before asking what types and from whom. This practice seems to disproportionately affect the reporting of informal care; without the more detailed prompting of the CCHS-HA, respondents tend to overlook much of the care provided by family and friends. While 13% of CCHS–HA respondents reported receiving home care exclusively from informal sources, the figure was 4% for CCHS 3.1 respondents (data not shown). The differences in the order of interview questions did not affect the reporting of formal and mixed home care to the same extent. Despite these survey/reporting differences, the relationships between socio-demographic and health status characteristics generally persisted, regardless of the dataset used.

Table 1
Number and percentage of seniors receiving home care, by selected characteristics, household population aged 65 or older, Canada, 2009

	Total				Men				Women			
			95% confidence interval				95% confidence interval				95% confidence interval	
Characteristics	Number	Percent	from	to	Number	Percent	from	to	Number	Percent	from	to
	'000	%			'000	%			'000	%		
Total	**1,070**	**24.5**	**23.5**	**25.6**	**352**	**17.9**	**16.5**	**19.3**	**718**	**30.0‡**	**28.6**	**31.4**
Age group (years)												
65 to 74†	363	15.1	13.9	16.4	134	11.7	10.1	13.4	229	18.2‡	16.5	20.2
75 to 84	442	30.1*	28.4	31.9	142	21.9*	19.5	24.5	300	36.6*‡	34.2	39.0
85 or older	265	54.0*	51.3	56.7	76	44.1*	39.8	48.5	189	59.4*‡	56.1	62.5
Living arrangements												
Alone	425	33.3*	31.7	35.0	80	23.6*	20.9	26.4	345	36.9*‡	34.9	38.9
With others†	644	20.9	19.6	22.3	271	16.7	15.1	18.3	373	25.6‡	23.6	27.6
Main source of income												
Social assistance/Old Age Security/ Guaranteed Income Supplement	270	31.2*	29.1	33.4	72	23.9*	20.4	27.9	198	35.1*‡	32.4	37.8
Other†	719	22.5	21.3	23.7	259	16.6	15.2	18.1	460	28.1‡	26.4	29.9
Personal care limitation												
None†	829	20.3	19.3	21.3	274	14.6	13.4	15.8	555	25.1‡	23.6	26.5
Some	212	88.2*	85.0	90.8	68	84.3*	78.3	88.8	143	90.2*	86.2	93.2
Severe	27	93.0*	79.5	97.8	8	84.9*	53.8	96.5	19	96.9	89.2	99.2
Mobility limitation												
None†	935	22.3	21.3	23.3	321	16.6	15.4	18.0	614	27.0‡	25.6	28.5
Some	117	79.1*	73.6	83.8	26	68.9*	54.1	80.6	91	82.6*	76.5	87.3
Severe	18	96.3*	87.5	99.0	5	94.4*	78.0	98.8	13	97.2*	82.3	99.6
Health Utility Index												
No or mild disability†	270	11.5	10.5	12.6	89	8.0	7.0	9.1	181	14.7‡	13.2	16.4
Moderate disability	226	26.6*	24.1	29.1	79	21.1*	17.8	24.9	147	30.9*‡	27.6	34.3
Severe disability	516	49.7*	47.3	52.0	164	38.6*	34.7	42.6	352	57.3*‡	54.5	60.1
Province												
Newfoundland and Labrador	13	17.7*	15.3	20.4	4	12.5*	9.4	16.4	8	22.1*‡	19.0	25.6
Prince Edward Island	5	24.1	20.5	28.1	2	18.5	14.1	23.9	3	28.7‡	23.8	34.2
Nova Scotia	37	27.0	24.1	30.1	12	20.1	16.3	24.5	25	32.5‡	28.6	36.7
New Brunswick	31	28.5*	25.6	31.6	11	23.7*	20.0	27.8	19	32.5‡	28.4	36.8
Quebec	242	22.2*	20.1	24.5	80	16.6	14.0	19.6	163	26.6*‡	23.8	29.7
Ontario	448	26.7*	24.8	28.6	143	18.9	16.4	21.7	305	33.1*‡	30.5	35.7
Manitoba	43	28.6*	25.5	32.0	15	21.7	17.9	26.1	29	34.1‡	30.0	38.5
Saskatchewan	33	23.8	21.0	26.8	10	16.7	13.7	20.3	22	29.5‡	25.2	34.1
Alberta	80	22.5	19.5	25.7	27	16.2	12.7	20.5	53	27.8‡	23.9	32.2
British Columbia	138	22.5	20.3	25.0	48	16.6	13.8	19.9	91	27.7‡	24.3	31.5

† reference category; for province, reference category is all other provinces
* significantly different from reference category ($p<0.05$)
‡ significantly different from men ($p<0.05$)
Source: 2009 Canadian Community Health Survey—Healthy Aging

Provincial differences

The prevalence of home care use (formal and/or informal) varied across the country. Reported use of home care was lower in Newfoundland and Labrador (18%) and Quebec (22%), and higher in New Brunswick (29%), Ontario (27%), and Manitoba (29%), when each province was compared with the rest of Canada. Estimates for the remaining provinces were comparable to the national figure. These provincial differences remained when only formal home care was considered, except for Alberta, where the reported use of formal home care was less than the national estimate, and Quebec, where reported use was comparable to the national estimate (data not shown).

Provincial differences in the use of home care can be influenced by the age and health profiles of seniors residing in each province, and by variations in service availability, eligibility criteria, and the structure and delivery of care.[16-19] The analyses in this study do not adjust for those factors.

Sources and types of care

More than half (53%) of seniors who reported receiving home care in the past year indicated that it had been provided exclusively by informal sources such as family, friends and neighbours (data not shown). Another 18% received only formal home care from paid employees and unpaid volunteers. The remaining 29% reported mixed sources of care, underscoring the complementary relationship between the informal and formal care networks.[1,7]

The sources of care differed somewhat by the type of care provided, and for nearly all types, the informal network generally predominated (Figure 1). The exception was medical care, with equal shares reported to be coming from formal and informal providers, and a smaller share from mixed sources.

Understanding which services are provided most frequently by various types of caregivers is important, because hours of care tend to be higher when informal care is available.[20] Seniors who reported receiving care only from formal sources were less likely to have tangible support (66%) than were those who received help from informal (81%) or mixed sources (76%) (data not shown). Lack of tangible support may also be predictive of a senior's future professional home care needs.

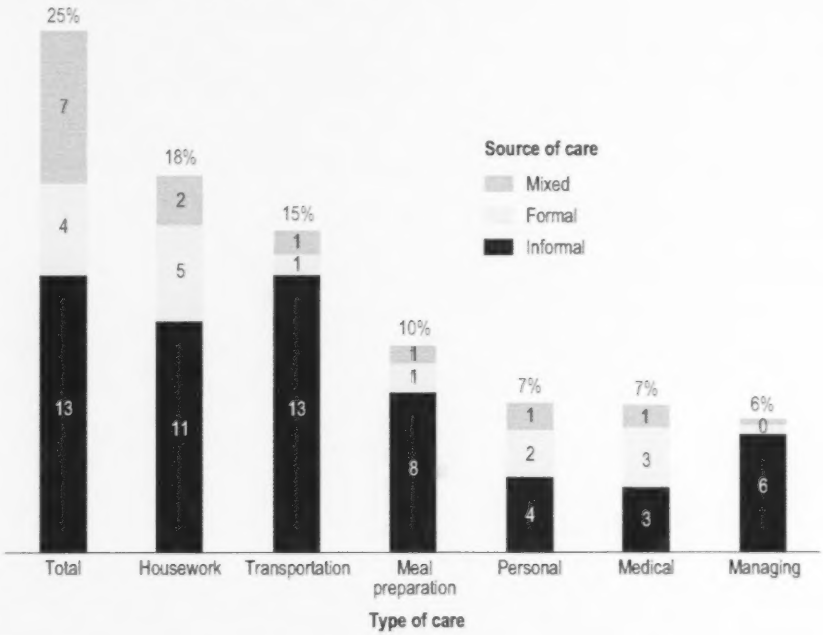
Among seniors who had received home care, housework (including home maintenance) was the most common type reported (18%), followed by transportation (15%) and meal preparation (10%) (Figure 1). This pattern was consistent across all provinces. Those who received medical or personal care, both of which are associated with greater dependency, were more likely to have received at least one other type of care (data not shown).

Unmet needs for professional home care

In 2009, close to 180,000 (4%) seniors reported that they had at least one unmet need for professional home care services (Table 2). Across the provinces, the percentage of seniors reporting unmet home care needs was generally comparable. Close to two-thirds (63%) of seniors with unmet needs for formal care attributed them to personal circumstances, such as inability to pay; 24% cited features of the health care system, including lack of service availability; and the remaining 13% mentioned a combination of both (data not shown). Research shows that unmet needs for assistance are associated with negative consequences including inability to prepare food for oneself,[21] injuries,[21] depression and reduced morale,[22] higher hospitalization rates,[23] and increased risks of falls,[3] institutionalization, and premature death.[21]

Women were more likely than men to have unmet needs—5% versus 3%. The percentage reporting unmet needs rose from about 3% at ages 65 to 74 to around 7% at age 85 or older, and was twice as high among those living alone as among those living with others. The prevalence of unmet needs was also associated with disability. For example, 10% severely disabled seniors reported an unmet need for professional home care, compared with 1% who had no disability. Among those who had severe personal care or mobility limitations, the prevalence of unmet needs was 20% and 29%, respectively; this compared with about 3% and 4% among seniors who did not have personal care or mobility limitations. Housework and personal care were the two most common tasks with which seniors needed, but did not receive, professional assistance. These associations between unmet need and sex, living arrangements and disability are consistent with other research.[21-24]

Figure 1
Percentage of seniors receiving home care, by type and source, household population aged 65 or older, Canada, 2009



Note: An "other" category, representing 1% of the total, is not shown. Because of rounding, detail may not add to total.
Source: 2009 Canadian Community Health Survey—Healthy Aging.

Table 2
Number and percentage of seniors with unmet needs for professional home care, by selected characteristics, household population aged 65 or older, Canada, 2009

	Total				Men				Women			
			95% confidence interval				95% confidence interval				95% confidence interval	
Characteristics	Number	Percent	from	to	Number	Percent	from	to	Number	Percent	from	to
	'000	%			'000	%			'000	%		
Total	**180**	**4.1**	**3.7**	**4.6**	**52**	**2.6**	**2.1**	**3.3**	**128**	**5.3‡**	**4.7**	**6.1**
Age group (years)												
65 to 74†	77	3.2	2.6	4.0	22	1.9‡	1.3	2.8	55	4.4‡	3.4	5.6
75 to 84	69	4.7*	4.0	5.6	19	3.0‡	2.1	4.2	50	6.1*‡	5.1	7.3
85 or older	33	6.7*	5.5	8.2	10	6.0*‡	3.8	9.3	22	7.1	5.8	8.7
Living arrangements												
Alone	80	6.2*	5.5	7.1	19	5.6*	4.3	7.4	60	6.5*	5.6	7.5
With others†	100	3.2	2.7	3.9	32	2.0	1.5	2.7	68	4.6‡	3.7	5.8
Main source of income												
Social assistance/Old Age Security/ Guaranteed Income Supplement	59	6.6*	5.8	8.1	14	4.6*‡	3.0	7.1	45	8.0*‡	6.7	9.6
Other†	105	3.3	2.8	3.9	32	2.1	1.6	2.7	72	4.4‡	3.6	5.4
Personal care limitation												
None†	137	3.3	2.9	3.9	42	2.3	1.7	2.9	94	4.3‡	3.6	5.1
Some	37	15.5*	12.6	18.9	8	9.6*‡	6.4	14.2	29	18.6*‡	14.9	22.8
Severe	6	19.7‡	12.5	29.6	F	F	...	...	4	21.3‡	12.8	33.2
Mobility limitation												
None†	145	3.5	3.0	3.9	45	2.4	1.8	3.0	100	4.4‡	3.7	5.2
Some	29	19.8*	15.5	24.9	4	10.4*‡	5.9	17.8	25	23.0*‡	17.8	29.1
Severe	5	29.2‡	18.3	43.1	2	42.6*‡	23.0	64.9	3	23.2*‡	11.8	40.5
Health Utility Index												
No or mild disability†	30	1.3‡	0.9	1.9	6	0.5‡	0.3	0.9	24	1.9‡	1.2	3.1
Moderate disability	33	3.8*‡	2.9	5.1	9	2.4*‡	1.3	4.4	24	5.0*‡	3.7	6.7
Severe disability	108	10.4*	9.2	11.8	35	8.2*	6.3	10.4	74	12.0*‡	10.4	13.9
Type of unmet need§												
Medical	25	0.6	0.4	0.7	9	0.5‡	0.3	0.7	15	0.6	0.5	0.9
Personal	53	1.2	1.0	1.5	16	0.8‡	0.6	1.2	37	1.5‡	1.2	1.9
Housework	122	2.8	2.4	3.3	31	1.6	1.2	2.1	91	3.8	3.2	4.5
Transportation	36	0.8	0.6	1.0	12	0.6‡	0.4	1.1	24	1.0	0.8	1.3
Meal	35	0.8	0.6	1.1	13	0.7‡	0.4	1.1	22	0.9	0.7	1.2
Appointment	10	0.2‡	0.1	0.4	F	F	...	...	5	0.2‡	0.1	0.3
Province												
Newfoundland and Labrador	2	3.2‡	2.2	4.5	F	F	...	...	2	5.1‡	3.5	7.4
Prince Edward Island	0.5	2.8*‡	1.8	4.2	F	F	...	...	0.4	3.6‡	2.1	6.1
Nova Scotia	5	3.5‡	2.5	4.9	F	F	...	...	4	5.1‡	3.6	7.2
New Brunswick	4	3.4‡	2.3	4.9	F	F	...	...	3	4.8‡	3.1	7.4
Quebec	45	4.1	3.2	5.3	14	2.8‡	1.7	4.6	31	5.1	3.7	6.9
Ontario	71	4.2‡	3.4	5.2	18	2.4‡	1.6	3.6	53	5.7	4.4	7.4
Manitoba	7	4.5	3.3	6.2	2	2.6‡	1.5	4.4	5	6.1‡	4.1	9.0
Saskatchewan	4	3.0*‡	2.1	4.2	F	F	...	...	3	4.1‡	2.8	6.2
Alberta	13	3.6‡	2.6	5.0	4	2.6‡	1.3	4.9	9	4.5‡	3.0	6.7
British Columbia	29	4.7	3.7	6.1	11	3.7‡	2.3	6.0	18	5.6	4.2	7.4

† reference category; reference category for province is all other provinces
* significantly different from reference category ($p<0.05$)
‡ significantly different from men ($p<0.05$)
§ respondents could select more than one type
... not applicable
E use with caution
F too unreliable to be published
Source: 2009 Canadian Community Health Survey—Healthy Aging

Conclusion

As the number of seniors increases, the need for home care is expected to rise. Home care can help to maintain seniors' health, independence and quality of life.[13] Results from the CCHS–HA show that one in four Canadian seniors received home care, most commonly, housework and transportation. Informal care from family, friends and neighbours predominates across most care types. About 180,000 (4%) seniors reported an unmet need for professional home care. ■

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